

Please complete this basic information and mail, fax, download and email, or scan it to us. We are sensitive to the fact that individuals do not want to provide personal information on-line, therefore, this Application is just the beginning of NEIGHBORHOOD NANNIES Nanny screening process. We will be talking with you in depth when we meet you personally. You need to be prepared to discuss your background, child care experience, ideas about discipline, age appropriate activities, etc. You will also have to provide your birth date, social security number, drivers license, and a list of previous addresses. Additionally you will need to sign a form allowing us to conduct a complete background check.

NANNY APPLICATION FORM

DATE _____

NAME: _____

Have you ever used, worked or earned a degree under another name?

If yes, please supply all other names _____

ADDRESS: _____ HOME

PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ARE YOU FIRST AID/CPR CERTIFIED? _____ NO _____ YES

_____ DATE

If NO you must take course

EDUCATION:

COLLEGE: _____

MAJOR: _____

DEGREE OBTAINED: _____

YEAR OF GRAD. _____ DATES ATTENDED _____

COLLEGE: _____

MAJOR: _____

DEGREE OBTAINED: _____

YEAR OF GRAD. _____ DATES ATTENDED _____

HIGH SCHOOL: _____

YEAR OF GRAD. _____

CITY AND

STATE: _____ G.E.D./YEAR _____

OTHER
EDUCATION/TRAINING/CERTIFICATES/LICENSES: _____

LIST ANY CHILD RELATED COURSES, SEMINARS,
etc. _____

DEPENDENTS: Name, Relationship to you, Date of Birth

INTEREST:
Number of hours you prefer to work weekly:

Time of day available to work:
DAYS _____ EVENINGS _____ NIGHTS _____

What specific days are you available to
work? _____

What is the earliest time you can be at a job? _____
Latest you can stay? _____

Are you willing to work occasional weekends? _____ Yes
_____ No _____ Sat. _____ Sun. _____ Day _____ Night _____ Either

Are you willing to work occasional overnights? _____ Yes _____ No
Please describe your availability in more detail

What are you looking for?

___ Long Term ___ Short Term ___ Occasional ___ On-Call ___ After School
Care ___ Summer only

Are you willing to work with 2 families who want to 'Share-A-Nanny' ___ Yes
___ No

How long of a commitment are you able to make to a family? _____
Please be aware that most permanent positions require a minimum of one year
commitment.

Long term only _____ Short term only _____
Can consider both _____

Are you looking to be a _____ Live-In Nanny _____ Live-Out Nanny
_____ Either

Are you willing to relocate? _____

When are you available to start work? _____

What are you looking for as a salary? _____

Age of children preferred: Newborn ___ Infants ___ Toddlers ___ Pre-
school ___ School Age ___ All ages

Number of children preferred? ___ Do you have any experience with twins, triplets, etc?

Describe _____

Do you have any experience working with physically or mentally challenged children?

Describe _____

GENERAL:

KIND/TYPE/YEAR of car

owned: _____

License plate number: _____

Name of car insurance company: _____

Have you had any motor vehicle violations within the past 3 years?

Please describe _____

Has your license ever been suspended or revoked? ___ No ___ Yes; If yes, please
supply dates and details _____

Are you authorized to work in the United States? _____ Yes _____ No

What languages do you read, speak, or write fluently? _____

Are you physically and emotionally able to perform the functions of a nanny?

___ Yes ___ No;

Please describe any limitations _____

How many days of work will your previous employers say you missed last year?

Do you have any allergies? _____ No _____ Yes.

If yes, please supply details _____

Are you willing to submit to a physical and drug test if required by a family?

_____ Yes _____ No

Do you swim? ___ No _____ Yes.

How well? _____

Are you willing to work with a smoking family? _____ Yes _____ No

Are you willing to work with a family with pets? _____ Yes _____ No

Are you willing to cook? _____ Willing to do

housework? _____ Grocery Shopping? _____

Family's laundry? _____ Transport children to

activities? _____ Errands? _____

Have you ever been convicted of a crime? _____ No _____ Yes;

If yes please supply dates and details

Have you ever been disciplined for any negative behavior on a job? _____ No _____ Yes;

If yes, please describe _____

Have you ever left a job on unfriendly terms?

If yes, please supply details _____

Are you on unemployment? _____ No _____ Yes; If yes, for how

long? _____

Are you on disability? _____ No _____ Yes;

If yes, supply dates and details _____

Please describe your strengths and any talents you have _____

How would your friends describe you? _____

Please tell us how the children you might care for will benefit by having you as their Nanny?

Please give your reasons for applying to Neighborhood Nannies: _____

Please provide name and phone number of who we should notify in case of an emergency:

WHAT TYPE OF CHILD CARE EXPERIENCE DO YOU HAVE?

Please check all that apply:

____ Live-out Nanny ____ Live-in Nanny ____ Babysitting ____ Day Care Center ____ Camp Counselor ____ Neighbors

____ Relatives ____ Church/Synagogue/Gym Nursery ____ Teacher ____ School
____ Other: List _____

CHILD CARE EMPLOYMENT HISTORY/REFERENCES: Please start with most recent.

NAME: _____

Complete Address: _____

Phone: _____ Dates
Employed: _____

Ages of children and responsibilities: _____

Will this employer give you a good reference? ____ Yes ____ No;
If no, please describe the circumstances _____

NAME: _____

Complete Address: _____

Phone: _____ Dates

Employed: _____

Ages of children and responsibilities: _____

Will this employer give you a good reference? _____ Yes _____ No;

If no, please describe the circumstances _____

NAME: _____

Complete Address: _____

Phone: _____ Dates

Employed: _____

Ages of children and responsibilities: _____

Will this employer give you a good reference? _____ Yes _____ No;

If no, please describe the circumstances _____

NAME: _____

Complete Address: _____

Phone: _____ Dates

Employed: _____

Ages of children and responsibilities: _____

Will this employer give you a good reference? _____ Yes _____ No;

If no, please describe the circumstances _____

NAME: _____

Complete Address: _____

Phone: _____ Dates

Employed: _____

Ages of children and responsibilities: _____

Will this employer give you a good reference? ____ Yes ____ No;

If no, please describe the circumstances _____

OTHER NON-CHILD CARE RELATED EMPLOYMENT HISTORY:

NAME: _____

COMPLETE
ADDRESS: _____

PHONE: _____ Dates

employed: _____

Duties and Responsibilities _____

Will this employer give you a good reference? ____ Yes ____ No; If no, please describe
circumstances _____

NAME: _____

COMPLETE
ADDRESS: _____

PHONE: _____ Dates

employed: _____

Duties and Responsibilities _____

Will this employer give you a good reference? _____ Yes _____ No; If no, please describe circumstances _____

NAME: _____

COMPLETE ADDRESS: _____

PHONE: _____ Dates employed: _____

Duties and Responsibilities _____

Will this employer give you a good reference? _____ Yes _____ No; If no, please describe circumstances _____

NAME: _____

COMPLETE ADDRESS: _____

PHONE: _____ Dates employed: _____

Duties and Responsibilities _____

Will this employer give you a good reference? _____ Yes _____ No; If no, please describe circumstances _____

Please attach separate sheet if there are other employers.

PLEASE SUPPLY THE NAMES, ADDRESSES AND PHONE NUMBERS OF 2 PERSONAL REFERENCES. THESE REFERENCES MAY NOT BE RELATIVES:

NAME: _____

ADDRESS: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THIS REFERENCE? _____
RELATIONSHIP TO YOU? _____

NAME: _____

ADDRESS: _____

PHONE: _____

HOW LONG HAVE YOU KNOWN THIS REFERENCE? _____
RELATIONSHIP TO YOU? _____

By submitting this application I acknowledge that ALL the information provided is accurate and complete. If I am being considered for a position or am subsequently placed in a position, I accept all consequences should any of this information prove false or direct deception or omission. I also agree that I will hold the Agency or any of its representatives harmless for any liability or damages that may arise from being referred to a short term, occasional or long term job through the Agency, regardless of when, where or how these damages occurred

SIGNATURE OF
APPLICANT _____

Date: _____